

Yonkers, New York
 10461-1000

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/601888		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3	1						53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13	1						63				
14	1						64				
15		1					65				
16		1					66				
17		1					67				
18		2					68				
19	1						69				
20		1					70				
21		2					71				
22							72				
23							73				
24							74				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	49						TOTAL DEP.				
TOTAL CLAIMS	55						TOTAL CLAIMS				